

**National Drug Code (NDC)  
November 2007 Seminar Registration Form  
(No Fee)**

Provider Name\_\_\_\_\_

Medicaid Provider Number\_\_\_\_\_ NPI Number\_\_\_\_\_

Mailing Address\_\_\_\_\_

City, Zip Code\_\_\_\_\_ County\_\_\_\_\_

Contact Person\_\_\_\_\_ E-mail\_\_\_\_\_

Telephone Number(\_\_\_\_)\_\_\_\_\_ Fax Number(\_\_\_\_)\_\_\_\_\_

**1** or **2** person(s) will attend the seminar at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

**Please fax completed form to: 919-851-4014**

**Please mail completed form to:**

**EDS Provider Services**

**P.O. Box 300009**

**Raleigh, NC 27622**